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7590

06/03/2004

Ansel M Schwartz
 One Sterling Plaza
 201 N Craig Street
 Suite 304
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Tracey L. Milka	(Depositor's name)
<i>Tracey L. Milka</i>	(Signature)
September 3, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/661,413	09/13/2000	Zafirio G. Zafirio	CAT-11	7935

TITLE OF INVENTION: METHOD AND SYSTEM FOR CLOSED CHEST BLOOD FLOW SUPPORT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, HUYEN D	3751	604-131000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ansel M. Schwartz

2. _____

3. _____

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CardiacAssist, Inc.

Pittsburgh, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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09/08/2004 RHEBRAH1 00000170 09661413

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 02 FC:8001

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